

**APPLICATION FOR FENCE**

**The City of Grove City   P.O. BOX 427   4035 Broadway   Grove City, Oh 43123**  
**Phone (614) 277-3075   Fax (614) 277 3090**

**Site Address:** \_\_\_\_\_ **Lot #** \_\_\_\_\_ **Sub-Division:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **DBA** \_\_\_\_\_

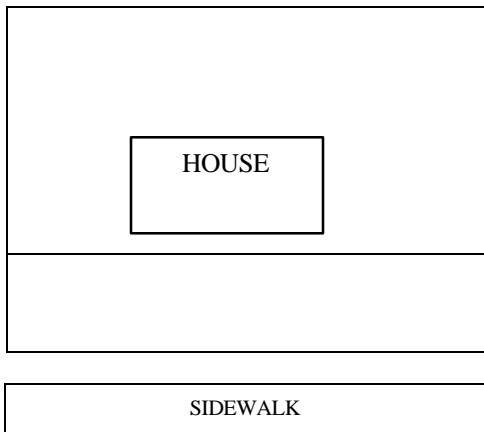
**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **Registration #** \_\_\_\_\_

**PLOT PLAN PREFERRED**

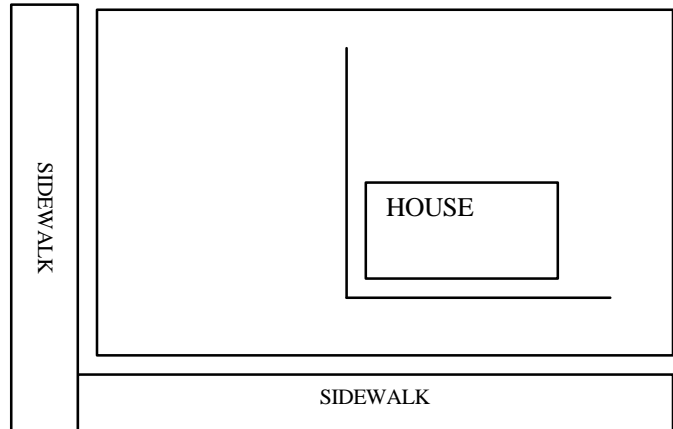
**\*\* PLEASE DRAW A DOTTED \_ \_ \_ \_ LINE WHERE THE FENCE IS TO BE PLACED \*\***

**INTERIOR LOT**



**STREET**

**CORNER LOT**



**STREET**

**\$25.00**

PLEASE CIRCLE

**TYPE OF FENCE:** PICKETT   PRVACY   SPLIT RAIL   OTHER   /   **MATERIAL:** WOOD   CHAIN LINK   VINYL   OTHER

**HEIGHT OF FENCE:** \_\_\_\_\_ **COST OF CONSTRUCTION:** \$ \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**24 HOUR NOTICE IS REQUIRED FOR INSPECTIONS CUT OFF FOR NEXT DAY INSPECTIONS IS 3:00 P.M.**  
**INSPECTION LINE # (614) 277-1815**

**OWNER SIGNATURE REQUIRED IF EXISTING STRUCTURE:** \_\_\_\_\_

BY SIGNING THIS APPLICATION PERMISSION IS GRANTED TO THE BUILDING DEPARTMENT TO INSPECT THE ABOVE ADDRESS DURING BUSINESS HOURS.

**ZONING COMPLIANCE OFFICER APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Per 1305.7 Section IV Residential Re-Inspections \$50.00 Commercial Re-Inspections \$100.00**

**Revised 05/16/02**

**Permit #**

**Receipt #**

**Check #**

**Date Entered:**

**Date Issued:**